

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
**09/600661**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2		1		
4		0		1		
5		0		1		
6		0		5		
7		0		5		
8		0		5		
9		0		5		
10		0	2			
11		0	2			
12		0		5		
13		0		5		
14	1		1			
15	1					
16	1		1			
17		1		1		
18				4		
19				5		
20				5		
21				5		
22				5		
23				5		
24				5		
25			1	5		
26				1		
27				1		
28				1		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	14		77			
TOTAL CLAIMS	18		81			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS